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DIET LISTS

BY ELEANOR LEE WRIGHT

Chicago, Ill.

Nowadays a number of questions come to mind regarding diet lists and diet slips. Are diet lists necessary from the doctor's point of view? Does a doctor need to have a list of the foods permitted in special cases so that the nurse can more readily follow his instructions, lists which she, in turn, may send to the dietitian? Many other angles of the situation present themselves but these seem to have first consideration.

Now that there is a shortage of service nurses, doctors, and dietitians, as well as of kitchen help, it is wise to consider the diet list from an economic standpoint. Can this list be made to save labor, and how?

First, the responsibilities of the dietitian have necessarily increased. She is expected to help the physician more than ever before. This means that she must plan every step of her work and the work of those under her, to the very best advantage, so that she will have more time for the newer, important duties. In a great many hospitals the question of diet lists is first discussed by the dietitian and the doctors, particularly those in charge of cases requiring treatment by diet only. It can be readily judged that inasmuch as doctors may differ in minor, if not in other ways, it is better that the dietitian understand his theories so that she can follow them. This necessitates an individual diet list, a list of foods allowed in every disease requiring special diet. Such lists should be made up and approved by each doctor under whose supervision the case may come. This method eliminates difficulties which sometimes arise and obviously shows reasons why a printed diet form is not practical, unless it is printed by the hospital after these lists are made. These can be given to the nurse in the diet kitchen so that any orders for a special diet may be immediately followed.

This special diet list, agreed upon by doctor and dietitian, may take a little time to prepare at the outset, but the time saved afterward is, indeed, worth while. The order going to the dietitian then may merely read "high in iron," "salt free," "diabetic," etc. There will be no necessity for a specific order. This means that such a diet list prepared for the dietitian and student nurses in the diet kitchen will save time for both doctor and dietitian. Then, too, the nurse on floor duty should have such a list in order to see that the patient is actually given the food intended for him, as well as noting the amounts

of food eaten and the result gained. The latter is, of course, especially noted in diseases treated by diet only.

The following diet for a diabetic is an example of the factors discussed:

DIABETIC DIET

Breakfast

3 eggs with 25 gms. bacon
3 biscuits with 20 gms. butter
1 cup strong coffee with 25 cc. cream

Dinner

1 cup bouillon
100 gms. beefsteak or roast beef (weighed, cooked)
Boiled cabbage or cauliflower with butter sauce (*ad lib*)
Lettuce with olive oil dressing
25 gms. cream cheese
Coffee jelly with 25 cc. cream
3 biscuits with 20 gms. butter

4-5 P. M.

Coffee or tea with 25 cc. cream
100 gms. fish (weighed, cooked)
2 eggs
Asparagus as salad or with hot butter sauce
3 biscuits with 20 gms. butter
1 doz. almonds

These menus for the day could be placed in the main diet kitchen as well as on the floor for the day nurse. Unless the hospital specializes in such cases, there is not apt to be a repetition of this very often. It is very necessary to weigh and measure everything accurately.

There is one situation which almost necessitates the use of printed diet slips, that of a hospital which has no trained dietitian. The housekeeper usually supervises the buying of the food, its preparation and serving, while the superintendent of nurses, or one of the physicians, teaches dietetics to the nurses. The need for diet slips indicating the foods to be served in given cases is obvious. Unless there are very special directions regarding diet, it would seem advisable for the housekeeper to send the menus for the day to the head nurse on each floor or in each ward. The nurse could then make out a diet slip showing the number of servings of each food which she will require for her patients. This is more economical, as well as more helpful to the woman in charge of the main kitchen.

For those who are just taking up the duties of a dietitian or for

those who have no special training the following books may prove helpful: *Essentials of Dietetics*, by Maude S. Perry; *Science of Living*, by W. S. Sadler, which deals with diet lists; and *Diet Lists*, by Carter, a new edition of which has just been issued.

SOME EXPERIENCES IN ACTIVE SERVICE—FRANCE

BY GRACE E. ALLISON, R.N.

Cleveland, Ohio

PART III

(Continued from page 359)

The wounded are carried by stretcher bearers to the First Aid Dressing Stations, situated just back of the firing area at the front. From there they are sent by means of ambulances to the nearest emergency hospitals, called Casualty Clearing Stations. These were situated from four to ten miles back of the firing line and were arranged in groups of four hospitals, adjacent to one another, each having about one thousand patients and its own separate organization. Many of these hospitals were wooden structures, often made portable that they might be transported easily from place to place. Others were entirely tent hospitals, while still others were a combination of the two. During a drive, the patients were rushed in, in very large numbers, first to one hospital until it was completely filled, and then to another, until the fourth was filled to capacity or overcrowded. This was accomplished in but a few hours, in a time of great activity, or in a few days, during ordinary conditions. While the hospitals numbers three or four were being filled, numbers one and two were extremely busy, operating upon hundreds of cases, evacuating them to the hospitals farther back and, when the occasion permitted, making supplies and other necessities for the time when that hospital would admit patients again. Many instances have occurred where the admissions were in such large numbers that there was not sufficient roof covering to protect all patients and they were obliged to remain on stretchers outside the operating room pavilion, awaiting their turn in the operating room. The operations there were conducted by surgical teams, the personnel of which consisted of two surgeons, an anaesthetist, two nurses, and two orderlies, all of whom were sent from the Base Hospitals. The work there was extremely heavy, the strain being unusually great, as these cases were fresh from the field and the conditions found were indescribable. Formerly, nurses were assigned there for a period of six months, often working from